

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031669

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178

Primary Registration District No.

Registrar's No. 72

STATE FILE NUMBER

FILED SEP 5 1962

1. PLACE OF DEATH
a. COUNTY

Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

La Grange

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

407 N. MAIN ST.

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

b. COUNTY

Lewis

c. CITY
OR TOWN

La Grange

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

407 N. MAIN ST.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Bessie Doretta Brose

4. DATE OF DEATH

Month

Day

Year

August 27 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-13-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

La Grange, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Edwin Cooper

13b. MOTHER'S MAIDEN NAME

Anna Heiser

14. NAME OF HUSBAND OR WIFE

Geo. Edward Brose

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Geo. Edward Brose La Grange, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

5 yrs

DUE TO (c)

Diabetes

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 3-1958 to Aug 27-62 and last saw her alive on August 27-62

Death occurred at 4 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harris Y. Davis M.D.

22b. ADDRESS

CAUTION Missouri

22c. DATE SIGNED

8-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

August 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

23d. LOCATION (City, town, or county)

La Grange, Mo.

(State)

24. FUNERAL DIRECTOR

J. Kenneth Bailey

ADDRESS

La Grange, Mo.

25. DATE RECD. BY LOCAL REG.

8-31-62

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10560

20560

3

4 1

5 1

6

7 6

8 0

9260X

10

11

1290-0

131-0

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J Kenneth Loring

Licensed Embalmer No. *104248*

P. O. Address *La Grange, Tex.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.